

20 \_\_\_\_\_

**KENTUCKY RACING COMMISSION**

Kentucky Horse Park  
4063 Iron Works Pkwy.  
Lexington, Kentucky 40511  
(Area Code 859)246-2040

**AUTHORIZED AGENT**

(This application must be notarized)

FEE, \$25.00 ANNUALLY

20 \_\_\_\_\_

To The Kentucky Racing Commission and All Racing Associations  
Under its Jurisdiction:

I have this day appointed \_\_\_\_\_

SS# \_\_\_\_\_ to act for me for the year 20 \_\_\_\_\_  
in all matters pertaining to the racing of my horses under the Rules of  
Racing as adopted by the Kentucky Racing Commission.

To CLAIM HORSES for MY ACCOUNT and to DRAW MONEY from  
MY HORSE ACCOUNT with NO LIMITATIONS unless stated below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EXPIRES DECEMBER 31, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**-ORIGINAL-**

**RETURN TO COMMISSION**

(over)

Commission File Copy

20 \_\_\_\_\_

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(Signature)

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(Printed Name)

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in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**-DUPLICATE-**

**RETURN TO COMMISSION**

(over)

Horseman's Bookkeeper Copy

If AGENT is not licensed in Kentucky in some other capacity (Owner, Trainer, etc), please furnish the following information:

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Year and capacity previously licensed in Kentucky \_\_\_\_\_

Currently licensed as \_\_\_\_\_

in states of \_\_\_\_\_

\_\_\_\_\_

Have you, or your spouse, ever been fined, suspended, or denied a license by any Racing Commission or the Stewards at any race track? If so, furnish particulars:

I understand that participation in racing in Kentucky is a privilege, not a right, that the license issued pursuant to this application is subject to conditions precedent as set out in the Kentucky Rules of Racing, and that my failure to comply therewith shall be grounds for immediate voidance or revocation of such license. By acceptance of said license, I agree to abide by the Kentucky Rules of Racing and rulings or decisions of the Stewards with the knowledge that rulings or decisions of the Stewards shall remain in force until reversed or modified only by the Kentucky Racing Commission.

I hereby certify that I have read and understand the foregoing and affirm every statement made by me in this application as being complete and true, and in the event any such statement shall become incorrect or untrue, I shall immediately notify the Kentucky Racing Commission of such change.

\_\_\_\_\_  
Signature of Agent

If AGENT is not licensed in Kentucky in some other capacity (Owner, Trainer, etc), please furnish the following information:

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Permanent Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

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Signature of Agent